Reimagining the Future: A Report on Maximizing Resources and Long-Range Planning for State Supported Living Centers

As Required by

2020-21 General Appropriations Act
House Bill 1,
86th Legislature, Regular Session, 2019
(Article II, Health and Human Services
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and

Texas Health and Safety Code
§533A.032

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Executive Summary

Reimagining the Future is developed under the statutory authority of the [2020-21 General Appropriations Act](#), House Bill 1, 86th Legislature, Regular Session, 2019 (Article II, Health and Human Services Commission, Rider 110) and Texas Health and Safety Code [§533A.032](#). Its purpose is to promote the development of a comprehensive, statewide approach toward long-range planning for state supported living centers (SSLCs) and maximize resources to support the continuum of care for people with intellectual and developmental disabilities (IDD).

[Blueprint for a Healthy Texas](#), the inaugural business plan for Texas Health and Human Services (HHS) system, was used as a foundation to lead coordinated efforts included within this report to improve operations, enhance the quality of services, and achieve better outcomes within SSLCs.[1] Guided by the business plan and in partnership with internal and external stakeholders, four primary objectives were developed to prioritize how SSLCs could enhance operations and meet the HHS vision of making a positive difference in the lives of the people we serve. Developed to accomplish over a six-year period, some of the initiatives included under each objective would require additional funds, or changes to law or other regulations.

Enhance Resident Services and Supports

Enhancing resident services and supports will ensure the inclusion of all people served by SSLCs to promote independence and positive results. Outcomes established for the initiatives identified in this strategy include:

- Increase the understanding of a resident's life experience to provide quality care and treatment that supports a person's goals and preferences.
- Promote a realistic home or independent-style living environment.
- Expand programming that has a greater integration and inclusion amongst family and community supports.

Strengthen Employee Services and Supports

Keeping employees engaged and satisfied is a priority for SSLCs. By committing to better support staff, SSLCs solicited input to recognize what staff valued most and identified ways to support those efforts. Outcomes in this strategy are:

- Develop a positive workplace culture.
- Improve internal communications for staff at all levels and locations.
- Improve accessible professional development and learning opportunities.

Expand Community-Based Services and Supports

Improving the health, safety and well-being of Texans with IDD is paramount to the success of Texas HHS systems. SSLCs will maximize resources to support community-integrated services for people with IDD who do not reside in an SSLC. This strategy includes the following outcomes:

- Increase available services not otherwise provided or currently lacking within the community for people with IDD.
- Reduce wait times for people with IDD to receive services.
- Expand networking and resource opportunities for people with IDD and their families and guardians.

Maximize Current Resources

SSLCs evaluated existing infrastructure to identify ways to better maximize resources and expand social services that meet the needs of people not currently served by an SSLC. Outcomes established for the initiatives identified in this strategy include:

- Increase available resources for people needing access to health and human services.
- Create collaborative efforts for other divisions within HHS, other state agencies, or community partners to be housed onsite in areas where space may be needed.
- Expand services provided to people with a traumatic brain injury.

This report identifies emerging issues and trends with the integration of innovative practices. Providing resources for and implementing initiatives that address services and supports across HHS systems will further the continuum of care of people with IDD and create new ways of providing services to support more efficient delivery of services statewide.

1. Introduction

There are approximately 485,000 people in Texas diagnosed as having an intellectual or developmental disability (IDD),[2] many of whom receive services through the Health and Human Services Commission. The Texas health and human services system promotes the growth and development of people with IDD through individualized care and active treatment[3] to progress toward living in the setting of their choice, working and earning a living wage, and becoming an active part of the community when possible.

Services needed by people with IDD range from short to long term and vary in complexity. HHSC offers a wide range of placement options for people with IDD and their families to consider when receiving services, including a person's own home, family home, group home, community-based intermediate care facility, or state-operated facility. HHSC's state supported living centers (SSLCs) are state-operated certified intermediate care facilities regulated by federal and state guidelines. SSLCs provide 24-hour residential services to both adults and children with IDD who need treatment and rehabilitation to support their behavioral health and medical needs. There are 13 SSLCs across the state located in Abilene, Austin, Brenham, Corpus Christi, Denton, El Paso, Harlingen, Lubbock, Lufkin, Mexia, Richmond, San Angelo, and San Antonio.

This long-range plan seeks to maximize the resources, opportunities and assets of SSLCs to further adapt to the complex population that they serve and identifies opportunities to share resources, so the right supports are established and in place for those who choose to remain in the community. The goals of this report are to:

- Enhance programs and services that support individualized care for people served by an SSLC;

- Provide guidance in business practices that improve recruitment and retention of staff at SSLCs to align with the agency's values and create a workplace culture that is innovative, skilled, and diverse; and

- Align with the agency's vision, mission, and long-term objectives that promote independence and positive outcomes for people with IDD.

This report is developed under the statutory authority of the 2020-21 General Appropriations Act, House Bill 1, 86th Legislature, Regular Session, 2019 (Article II, Health and Human Services Commission, Rider 110) related to maximizing resources and Texas Health and Safety Code §533A.032 related to long-range planning for SSLCs.

2. Background

For the last 30 years, Texas has embraced the Persons with an Intellectual Disability Act (PIDA)[4] which supports people with disabilities to have the opportunity to become productive members of society to the extent possible. Texas has also supported the Promoting Independence Initiative[5] to allow for a person with a disability to live in the most appropriate care setting available. This Initiative also works to improve community-based alternatives and provide opportunities for people to live productive lives in their home communities. For some, the most appropriate care setting available has been determined to be an SSLC.

SSLCs provide comprehensive behavioral health services and health care services, including physician, nursing and dental services, that are individualized to meet the need of the resident. Other services provided at SSLCs include skills training; occupational, physical and speech therapies; vocational programs; and services to maintain a connection between residents and their families and other natural support systems.

As an intermediate care facility, the goal of SSLCs is to assist people in developing the skills needed to be successful in a community setting. This is accomplished through an effective team-based design and delivery of quality outcome-based services and supports appropriate to the talents, strengths, and needs of the people served. To accomplish this, SSLCs strive to empower and support residents in developing personal goals and understanding living options available to them.

How Individuals Come to SSLCs

Under PIDA, people are afforded the right to live in the least restrictive setting appropriate to the person's individual needs and abilities. This encompasses a variety of living situations including living alone, in a group home, with family, or in a supervised, protective environment. SSLCs serve less than one percent of the total IDD population in Texas but provide a safe residential setting to meet their individual needs.

People coming to an SSLC often do so because all other options within the community have been exhausted or determined to be unsuccessful in meeting their needs. Admission can be voluntary or ordered by the court if a person is not able to make their own decisions. In fiscal year 2019, 95 percent of the 129 new admissions to SSLCs were ordered by the court, which entails a judge recommending admission for one of the following reasons:

- **Civil commitment** – As provided in PIDA, Health and Safety Code, Title 7, Subtitle D, a person who is civilly committed to an SSLC has been diagnosed with an IDD and presents a substantial risk of harm to themselves or others; or is unable to provide for and is not providing for their most basic personal physical needs; and cannot be adequately habilitated in an available, less restrictive setting. (57 percent)

- **Commitment by the court for alleged criminal conduct** – As provided in Code of Criminal Procedure, Chapter 46B (adult) or Family Code, Chapter 55 (juvenile), a person who is alleged to have committed a criminal offense but has been found incompetent to stand trial (adult) or unfit to proceed (juvenile) for the charges because of their IDD. Over 63 percent of these admissions are 34 or younger and have substantially shorter lengths of stay. (21 percent)

- **Assessment by the court for competency to stand trial for alleged criminal conduct** – As provided in Code of Criminal Procedure, Chapter 46B (adult) or Family Code, Chapter 55 (juvenile), the court will order a temporary admission to an SSLC for a person to be assessed before making the final decision of competency or fitness to proceed and whether the person is committed or discharged back to the court. (17 percent)

Regardless of how people are admitted to an SSLC or their length of stay, they have a right to optimal treatment and services that encourages person-centered approaches and active treatment.

Demographics[6]

In fiscal year 2019, SSLCs served over 2,900 people with IDD. (See Table 1 on page A-1.) Over the last ten years, the number of people served in an SSLC has steadily decreased by a total of 31 percent, largely attributed to the increase of available services within communities for people with IDD and the SSLCs continued efforts for people to live in the most integrated setting. (See Table 2 on page A-2.)

SSLCs are experiencing both an aging population, particularly with medically fragile people, and an increase in a younger population. (See Table 3 on page A-3.)

- 23 percent are below the age of 35.

- 44 percent are over the age of 55.

While the population in SSLCs has declined, the behavioral health and medical needs of the people SSLCs serve remain complex.

- Over half, or 62 percent, of people served have been diagnosed with a severe or profound intellectual disability, meaning they have an IQ below 35. (See Table 4 on page A-4.) This represents a decrease of 13 percent over the last ten years. This population tends to need additional supports with communication and are often limited or non-verbal. They routinely require

close supervision and help with activities and daily living. People with severe or profound intellectual disability are also likely to have associated medical challenges.

- Over half, or 69 percent, have been diagnosed with behavioral health needs. (See Table 5 on page A-5.) This represents a decrease of four percent over the last ten years. Depending on the level of severity, they exhibit challenging behaviors that are disruptive, interfere with carrying out daily living activities, and require frequent intervention varying from minor to intense.

- Alleged offenders account for almost two percent of the total SSLC population in fiscal year 2019. This has remained constant since fiscal year 2010. (See Figure 2 on page A-6 and Table 6 on page A-7.) Alleged offenders are often diagnosed with more profound behavior management levels, at a seven percent higher rate than non-offenders. In fiscal year 2019, 51 alleged offenders were admitted to the SSLCs by the court.

  A comprehensive assessment of the commitment of alleged offender residents in SSLCs is found in the *Annual Report on Forensic Services in State Supported Living Centers for Fiscal Year 2019*.

- Nearly half, or 46 percent, of the people served by SSLCs are medically fragile; an increase of 31 percent since fiscal year 2010. People who are medically fragile have a chronic physical condition, classified as moderate or severe, which results in prolonged dependency with daily skilled intervention being medically necessary. (See Table 7 on page A-8.)

- Over half, or 56 percent, of residents have a co-occurring diagnosis of IDD and at least one mental health disorder. This represents an eight percent decrease since fiscal year 2014. (See Table 8 on page A-9)

A person's length of stay at an SSLC is determined by how long services are needed, which can vary greatly based on the severity and complexity of behavioral and medical challenges and how they are admitted to an SSLC.

- Over half, or 58 percent, have been at an SSLC for more than 15 years. (See Table 9 on page A-9.)

- Twenty percent have been at an SSLC between 13 months and 5 years. (See Table 9 on page A-9.)

- Since fiscal year 2015, the average length of stay is almost 24 years and has remained stable with no statistically significant difference.

Separations in fiscal year 2019, which include community transitions, deaths, and discharges, continued to be higher than admissions. (See Table 10 on page A-10.)

Referrals and Transitions to the Community[7]

Transitions back to the community have decreased by 65 percent in the last ten years. (See Table 11 on page B-1.) While continuity of care efforts continues, there are many contributing factors that may impact a person's ability to transfer back to the community and are commonly divided into two categories when considering causal influences:

- **Obstacles to referral.** These obstacles are identified during the annual individual service planning meeting or at the conclusion of a living options discussion. If the interdisciplinary team makes the decision not to refer an individual for community transition, the reason(s) for this decision (i.e., obstacles to a referral) will be identified.

- **Obstacles to transition.** These obstacles are identified after an individual has been referred for community transition. Obstacles to transition will be identified at any time during the transition process. If the individual does not transition within the 180-day timeframe set forth as a goal for all transition processes to be completed, then the interdisciplinary team must identify which obstacles are preventing the individual from a successful transition.

In fiscal year 2019, the top obstacles to referral were the legally authorized representative's (LAR) choice (43 percent), followed by behavioral health or psychiatric needs (21 percent) and medical issues (17 percent).[8] Other factors may have included individual choice, funding, decision to remain in the SSLC based on the care provided, lack of services or supports in the community, or lack of familial or other supports in place to complement community-based services. (See Table 12 on page B-2.)

When LARs were prompted for the reasons they did not want a referral to be made, almost 69 percent of those who were provided with information were not interested in an alternate placement.[9] Other reasons for this choice, in order of frequency, included the LARs were not interested in receiving information about alternate placements, unsuccessful prior community placements, mistrust of providers, and lack of understanding of community living options. (See Table 13 on page B-2.)

Obstacles to transition may be identified at any time between when the person has been referred for community placement and when the person transitions. In fiscal year 2019, the top barriers identified that prevented a successful transition to the community were limited residential opportunities in a preferred area (30 percent), followed by environmental modifications (11 percent), specialized medical supports (10 percent), individual or LAR indecision regarding provider selection (ten percent), and behavioral supports (9 percent).[10] (See Table 14 on page B-3.)

A comprehensive assessment on referrals and transitions to the community, including proposed strategies and actions to overcome the obstacles, will be outlined in the report on *State Supported Living Centers Obstacles to Community Referral and Transition in Fiscal Year 2019*.

Stakeholder Engagement

As part of the SSLC long-range planning effort, stakeholder engagement was a fundamental component in developing objectives and identifying initiatives that will enhance services and supports provided by SSLCs and seeks to expand the resources available for all people with IDD. Understanding the needs and preferences of people with IDD help further the vision of a unified system for accessing IDD services statewide. SSLCs conducted a series of activities that obtained input from various stakeholders including people residing in an SSLC, family members, LARs and guardians, people with IDD residing in the community, service providers, advocacy groups, HHSC partners, SSLC staff, and the public. There were scheduled activities statewide that offered opportunities for engaging people through different platforms, including in-person and electronically. Activities, in part, included family association meetings, meetings with residents, town hall and individual meetings with staff, HHS listening sessions, public hearings, and organizational meetings with service providers and advocates statewide.

3. Objectives and Initiatives

In partnership with stakeholder engagement, an analysis was conducted on the overall strengths and opportunities for improvement. The following objectives were developed to accomplish the goals set forth for this report:

- **Enhance Resident Services and Supports** to support individualized care for people served by an SSLC;

- **Strengthen Employee Services and Supports** to provide guidance in business practices that improve recruitment and retention of staff at SSLCs and compliment the agency's values to create a workplace culture that is innovative, skilled, and diverse; and

- **Expand Community-Based Services and Supports** to align with the agency's vision and mission and long-term objectives that promote independence and positive outcomes for people with IDD.

For each objective, SSLCs recommend initiatives based on operational innovation that will further the continuum of care for people with IDD and create new ways of providing services and support. SSLCs will continue to improve existing methods of operation but acknowledge real change stems from creative and critical thinking to arrive at extraordinary results, results that will directly impact each objective. Each initiative is intended to be a foundation for creating successful outcomes that would be realistic and measurable. Consideration has been given to the recommendations to ensure that each would be driven by goals, the potential to enhance the continuum of care for people with IDD, and the overall improved performance of an SSLC.

Resident Services and Supports

Evolving into evidence-based practices supports the continuous enhancement of systems of care for people with IDD, specifically those served by an SSLC. As SSLCs further develop standards of care, expanding services promotes independence and positive outcomes. Outcomes include:

- Increasing the understanding of a resident's life experience to provide quality care and treatment that supports a person's goals and preferences.

- Promoting a realistic home or independent-style living environment.

- Expanding programming that has a greater integration and inclusion amongst family and community supports.

Initiatives for Operational Innovation

The initiatives outlined below are intended to support the outcomes associated with enhancing resident services and build on existing and new efforts that will help further the vision of SSLCs.

Trauma Informed Care System Approach. Research shows that people with IDD have a higher rate of trauma exposure than people who are non-disabled.[11] For some with IDD, limited ability to communicate trauma, as well as limited knowledge or social skills, may result in difficulty integrating their perception of the traumatic event(s) and their emotional response.[12] While SSLCs have made significant progress in an awareness to trauma informed care, SSLCs will fully embrace building a systemic approach for the implementation of practices to operate with an awareness of the pervasiveness of trauma as well as its impact.

In partnership with the National Association of Dually Diagnosed for persons with developmental disabilities and mental health needs, SSLCs will provide comprehensive training to staff on trauma that will assist them with understanding the signs, symptoms, and response for people with IDD, so they can situationally adapt to provide more appropriate care and safer environments to residents in their care. Building confidence and expertise of staff providing direct support in trauma informed care practices will encourage stronger, healthier relationships with residents and increase collaboration amongst members of the interdisciplinary team to identify services and supports for past traumatization.

Integrating a systemic approach into policies, procedures and practices will avoid any disability overshadowing the need for recovery, prevent re-traumatization of residents, and foster resilience in staff who experience secondary trauma. Policies and practices will be strengthened to provide additional services and supports for those residents who are exposed to or become victims of traumatic events while residing in an SSLC.

Reduce Use of Restraints. Between 2018 and 2019, SSLCs implemented two initiatives to reduce the impact of trauma on residents and reduce the overall use of use restraints. Safe Use of Restraint (SUR®) is a restraint management program designed to reduce trauma and injuries, and to reduce the use of more restrictive measures to manage behavioral emergencies. Training on SUR® is provided to all staff who work directly with residents and covers procedures for preventing and managing aggressive behavior as well as background information related to the use of these procedures, including following the requirements for restraints as identified in the Texas Administrative Code.

Ukeru® is a safe, comforting, and restraint-free crisis management technique used to help staff respond to someone in crisis who is trying to communicate through their actions. Ukeru® is a trauma-informed approach that identifies ways to help residents feel safe using communication and padded shields.

Using these techniques and implementing better protections for residents, SSLCs have shown a decrease in the overall use of restraints. Between fiscal year 2015 and fiscal year 2019, there was a 23 percent reduction in the use of restraints. SSLCs will continue to assess how policies and practices impact the use of restraints and provide ongoing skill development in de-escalation to work toward a continued reduction.

Achieving Balance Program. SSLCs are assessing the feasibility of piloting a program at three SSLCs to provide specialized and intensive services to residents who have severe behavioral health or co-occurring mental health challenges who have been unsuccessful with traditional SSLC programming due to the complexity of their needs. The goals for this program are to provide an integrated approach that addresses target behaviors, teaches appropriate skills, assists the referring SSLC in their approach to working with the individual, and returns the person to the referring facility or other appropriate home as soon as possible. This program is intended to provide intensive services on a short-term basis with smaller staff to resident ratios which allow for more individualized level of care and effective treatment. This specialized program will also include psychiatric professionals to provide expertise in working with and managing the profound challenges displayed by residents, along with identifying and monitoring prescribed interventions. Providing an environment in which staff with targeted expertise are available to provide 24-hour support will increase the likelihood of achieving balance with an integrated approach and an ultimate successful transition to community placement. If the pilot provides data to support the goals of this program, SSLCs will consider implementing the specialized program statewide.

Resident Safety. Of the priorities the SSLCs are charged with, the safety of residents is of the utmost importance. With 70 percent of the population diagnosed with behavior health issues, many of those residents may exhibit challenging behaviors that lead to peer-to-peer aggression. While the resident population declined by only 10 percent from fiscal year 2015 to fiscal year 2019, there was an overall decline of 50 percent in peer-to-peer aggression.[13] This data suggests SSLCs have made substantial progress in the form of developing policies and practices around peer-to-peer aggression. In 2018, SSLCs implemented expectations that provide consistent and effective protective measures in response to an incident of peer-to-peer physical aggression. These procedures include minimum requirements for reporting, immediate protections for residents, physical and emotional assessments, documentation, and review. SSLCs will continue to align resources to improve the overall prevention of peer-to-peer aggression and response to improving resident safety. SSLCs will provide additional staff training for understanding the cause, meaning and response to aggression and strengthen positive supports to help residents communicate their emotion in more appropriate ways. SSLCs will also identify situational and causal triggers, along with organizational and staff factors that will help decrease the frequency of aggressive behaviors. SSLCs will ensure that proper home assignments are made with other residents, including medically fragile, when documented aggressive tendencies exist.

Abuse and Neglect Awareness with Medically Fragile Population.[14] Awareness and reporting of abuse and neglect has become an intricate part of daily operations within SSLCs to ensure the safety of all residents. Instructions on how to report abuse and neglect are posted throughout every SSLC and most residents are familiar with and can articulate the reporting process. Additional consideration should be made on how abuse and neglect is reported by or on behalf of the medically fragile population who may not be capable of reporting abuse and neglect independently or verbalizing the need to report. In part, this will be accomplished by educating staff on individual communication methods and preferences. Knowing how residents who are medically fragile use behaviors, sounds, movements, or devices to communicate will improve interactions and the ability for staff to appropriately and timely respond to resident needs. Additionally, emphasizing personal connections made with these residents through compassion and empathy will organically help to create a heightened awareness if abuse or neglect may be occurring.

Limited Guardianship. Some residents have expressed their desire to make more of their own choices, most notably when it comes to living options and decisions to better integrate into the community.[15] Sixty-seven percent of residents have a guardian; however, some of these residents may just need additional support to make appropriate decisions without having their rights fully removed.[16] Using the Supported Decision-Making Agreement Act[17] as a foundation, SSLCs will work collaboratively with stakeholders to develop and implement an SSLC peer support program to foster supported decision-making, informed individual choice and encourage self-determination.

Guardianship is intended to have the resident's best interest in mind as their advocate but that may leave out the ability for a resident to exhibit independence, self-determination, and preferences, particularly related to programming, community integration, employment, and living options.[18] Through initiatives included in the HHSC Disability Action Plan, SSLCs will assist in exploring the feasibility of collaborating with stakeholders to consider the successes of other states regarding limited guardianship options. Based on the outcomes of this collaboration, SSLCs will develop recommendations for residents that may benefit from limited guardianship.

Active Treatment. Enabling residents to be a part of their treatment promotes self-determination and independence through the development of new skills and abilities. SSLCs will enhance person-centered active treatment options for residents to further their ability to progress toward physical, social, and emotional growth. SSLCs will assess existing active treatment staff and align resources to provide additional education in the implementation of active treatment. SSLCs will also identify strategies to better support direct support professionals in engaging residents in more meaningful and appropriate activities.

Back to the Basics. Federal rules and Department of Justice requirements often focus on the need for some residents, particularly those that are medically fragile, to have goals that far exceed their current or projected medical, physical, and mental capabilities. For these residents, it's paramount to focus on the basic needs of eating, bathing, appropriate clothing, feeling safe, and feeling loved. If these basic needs are not met first, then residents will be unsuccessful with any advanced skill toward work, leisure, independence, or relationships. SSLCs will continue to enhance quality review processes and educate staff on understanding state and federal regulations to further support the best interest of residents.

Vocational Services and Supports. Compared with peers in the general population, people with disabilities are two times as likely to live below the federal poverty level.[19] Employment is a valued part of an adult's life and having the skills necessary to be successful in a job creates independence, builds confidence, and promotes a higher quality of life. Vocational services and supports should be provided to residents based on their abilities and personal preferences and not be constricted by limited resources.

SSLCs currently have vocational programming and training to teach residents skills that are transferrable to the community and become a productive part of the state's workforce. As of January 2020, 150 residents statewide were employed off campus at varying levels of supervision and responsibilities and approximately 1,400 residents, or 49% of the residents who are 18 years of age or older, participated in vocational programs. Residents across the state expressed their desire to have additional opportunities to do meaningful work, be respected for their work, and choose the type of work they do.[20] SSLCs will expand efforts to teach residents valuable skills necessary to seek fair labor employment opportunities. SSLCs will increase the number of partnerships with competitive employers and additional contract options for resident employment. SSLCs will also centralize statewide contracts to ensure services are being offered and provided equitably. Additional professional development for vocational directors at SSLCs will help support meeting these goals and assist residents with choosing, acquiring and maintaining a job that has been matched with their skills and preference.

For those residents that create, build, or make products, SSLCs will support an environment that fosters entrepreneurship. Opportunities will be expanded to exhibit or sell resident items onsite and within the community to create additional income and employment options for residents.

Transition to Community. People with significant needs are often described as requiring institutional services; however, people with even the most intensive support requirements can lead productive and successful lives in home and community settings when afforded person-centered services and supports tailored to their strengths and needs.[21] Based on this data regarding obstacles for referral or transition to the community,[22] awareness and education of community options are key to reducing the top obstacles. SSLCs will increase opportunities to educate LARs and residents about potential community placement options. While many LARs

are satisfied with the care and service provided by an SSLC,[23] community placement should be a viable option for any person served by an SSLC.

Notable barriers to this option are included under Community Services and Supports in this report; however, SSLCs remain intermediate care facilities and should further promote transition to the community when placement options are available, and a person's needs can be met at home or within the community. SSLCs will expand visits to service providers to help educate residents, guardians, and LARs. SSLCs will also work to arrange visits that are more accessible and convenient for residents.

SSLCs will work to strengthen their relationships with Local Intellectual and Developmental Disability Authorities (LIDDAs) statewide and will host provider fairs[24] on each campus semiannually, at a minimum. Provider fairs inform residents of services available in the community and increase the likelihood of exposure of services to a resident, which may result in a higher number of SSLCs transitioning back to the community. SSLCs will also work with LIDDAs to ensure that they are providing information about SSLCs as a placement option to people on waitlists that have profound needs and who qualify for SSLC services.

Proper supports in the community are needed for a person's transition to be successful.[25] Additional resources needed that will help foster a peer support program for transition are included in the Community Services and Supports section of this report.

The average length of time to transition a person from an SSLC varies greatly depending on a person's desired location and needed services and supports to successfully integrate into the community. In some instances, transition may take up to a year. For those people on the list who have been referred to transition as of January 2020, the median wait time to transition from an SSLC to community placement is more than ten months. SSLCs acknowledge that this amount of time can and should be decreased.

Ultimately, SSLCs seek to support resident and LAR choice for the best, least restrictive living option. These additional efforts and safeguards may increase the number of people transitioning to the community, but most importantly will help ensure residents, families, and LARs have all information and resources available to make an informed decision about placement options.

A more comprehensive review of proposed strategies and actions to support transition to community efforts will be outlined in the report on *State Supported Living Centers Obstacles to Community Referral and Transition in Fiscal Year 2019*.

Transitional Housing. With the availability of physical space, SSLCs could develop transitional housing units, such as independent living cottages or apartments. Transitional housing can be provided to those SSLC residents who have demonstrated their, or their LARs', desire to live independently but may require

some level of support and assistance before fully integrating into the community. Transitional housing would be provided on a short-term basis for up to six months to prepare an individual for full transition and independence within the community. The goal of transitional housing would be to increase the number of current SSLC residents transitioning back to the community who, by individual or LAR choice, have been reluctant or unwilling to transition due to the uncertainty of being able to successfully live independently. If transitional housing is implemented using SSLC resources, the program will not serve as an additional barrier to transitioning a person back to the community by extending the time it takes to transition them.

Assistive Technology. Resident access to assistive technology will improve independence, productivity, and the quality of life of people SSLCs serve. Technology has become a necessity in almost every aspect of life and serves as a connection to communication, employment opportunities, social experiences, and commerce. SSLCs will expand the availability of assistive technology to provide additional opportunities for independence and social networking.

Social Networking. Residents indicated that current programming has limited social support structures in place.[26] SSLCs will enhance resident opportunities for activities that support a more realistic environment to form social relationships with others to improve a person's quality of life. Despite being involved in community activities, some residents may have experienced difficulties developing relationships in the past. Staff will work with residents to provide appropriate supports to develop and sustain healthy relationships with others. These networking opportunities may also provide opportunities for residents to integrate with people in the community. Examples may include an onsite game room, bowling lanes; increased frequency of events to which the community is invited, activities that support social engagement with others, and outings to community events or attractions; better access to community church, education, and online social networks; and expanded hours for areas that impact social networking such as the gym, diner, library, chapel or other areas on campus.

Higher Education Opportunities. SSLCs will work with local colleges and universities to expand higher education opportunities for the people served by SSLCs, through both traditional classroom experiences and virtual learning opportunities. Having the opportunity to participate in the college experience improves the potential outcome of a resident to be more productive, exhibit greater independence, and have a stronger sense of inclusion.

Family Engagement. SSLCs support the involvement of family to help build or maintain social and emotional connections. Family involvement can also help improve communication and an understanding of how the SSLC can best meet the needs of a resident. Based on stakeholder input, SSLCs will create a private, physical space where family members and LARs may interact with their loved ones without the distractions of other residents.[27] This creates a welcoming environment and the ability to have more meaningful time together.

SSLCs will also host additional planned events for families throughout the year to foster the relational connections with residents. Events may include family days, picnics, open houses, activities during visitation, or other events that bring families closer together and simulate a more integrated experience for residents with their families.

Fleet Vehicles. Residents integrating into the community for purposes of employment, appointments, or routine outings are primarily provided with transportation by staff, using state vehicles. SSLCs must ensure safe, reliable transportation options to transport residents to and from the community. The agency traditionally requests funding to replace vehicles that have been deemed unsafe to operate and to provide critical deferred maintenance on vehicles that can be repaired. In addition to utilizing internal resources, SSLCs will contact HHSC partners, Texas Workforce Commission, and community partners to consider the expansion of mass transit and rideshare options for residents to participate in community activities and events.

Older Adults. The baby boomer generation is considered the second largest adult population, all of whom are now 55 or older. According to the United States Census Bureau,[28] by the year 2030 older adults will outnumber children and rapidly become a larger percentage of the population than ever before. As the SSLC population ages and the life expectancy of people with IDD continues to rise, residents will often require increasingly complex services and supports. With 55 percent of the current SSLC population age of 50 or older, SSLCs will ensure that these residents are afforded the same quality of life as other residents and most notably, other older adults within the community. In partnership with the HHSC Office of Aging Services Coordination, SSLCs will create policies, procedures and practices that allow for the older resident population to live full and active lives. Active planning for this population results in healthier people and assures that safeguards are in place for people to age well. Services in the areas of community supports, familial supports, recreation, and mental health will be expanded. Specialized healthcare services available to older adults related to dementia, vision, hearing, dental, gastrointestinal, nutrition and menopause are fundamental, especially when demands for services or early onset of challenges are related to a person's IDD. Additional physical activities and social networking opportunities that may be unique to the interests of an older population are also important areas that should be expanded.

Dementia. Adults with IDD are at higher risk of developing dementia than the general population.[29] The relative risk of having a diagnosis of dementia is four to five times higher in people with IDD compared to non-disabled peers.[30] Being able to diagnose a resident with dementia as early as possible will allow those residents to have early access to available services and supports to better manage symptoms, challenges, and medications.

Dementia often presents differently in adults with IDD and varies depending on the nature and severity of intellectual disability;[31] however, there is no single test for dementia. Instead, medical professionals use a variety of approaches and tools to help make a diagnosis. This may include medical and family history, family or interdisciplinary team member input about changes in thinking skills and behavior, cognitive tests, blood tests, or brain imaging to identify levels of beta-amyloid.[32]

SSLCs will contact the Texas Department of State Health Services to explore priority areas and actions as identified in the [Texas State Alzheimer's Plan 2019-2023](.)[33] SSLCs will also contact the HHSC Office of Aging Services Coordination, Texas Medical Association, Texas Hospital Association, Alzheimer's Association, and health related institutions of higher education that focus on the research and care for people with dementia to discuss issues related to dementia and how to better coordinate a system of care approach. Additionally, disparities in the risk of developing dementia are most prominent among African Americans, Hispanics, and women.[34] SSLCs will contact other HHS partners to encourage the development of strategies that prevent potential disparities in the diagnosis of dementia among residents.

Athletic Supports. There are many residents who are healthy-bodied people that need to expend energy in a safe environment that is natural to their growth and development. SSLCs should promote an environment of physical health and provide activities to support physical activity and less sedentary lifestyles. Examples may include softball or baseball fields, soccer fields, tracks, walking trails, gaga ball pits, tetherball, washer pits, or miniature golf areas.

Animal, Art, and Music Therapy Programs. Animal, art, and music programs provide therapeutic opportunities for a person-centered approach to help support residents in learning new skills, developing or fostering relationships and social interaction with others, and reducing anxiety or stress. Many benefits are associated with these programs and include emotional support and changes in mood, management of pain, enhanced awareness of self and environment, and the development of coping and relaxation skills.[35] Current programming should be fully utilized and expanded to foster active and positive resident participation in treatment.

Patient Portal System.[36] The current SSLC electronic medical records system serves medical, dental, and other ancillary resident needs for information-sharing internally but presents barriers for resident families or LARs to obtain Health Insurance Portability and Accountability Act (HIPAA) authorized information. SSLCs could adapt the current system or develop a new system to include the ability for families or LARs to register through a secure patient portal to obtain basic medical, dental or behavioral health information about the resident that is allowable by law and through HIPAA. A study conducted in 2018 revealed that 90 percent of healthcare providers use patient portals to increase efficiencies and access to patient information.[37] Establishing a patient portal would provide many benefits for families, LARs and staff to include overall better customer service and more reliable access to medical, dental, or behavior outcomes.

Nutritionally Balanced Food and Drink Options. According to the World Health Organization, the obesity rates have tripled worldwide the last decade, and recent studies suggest that the prevalence of obesity is even higher for persons with IDD than in the general population.[38] There have been substantial efforts made to promote healthy food and beverage options in cafeterias, vending machines, and snack bars in schools across the country, but limited efforts have been made to do the same in intermediate care or other facilities. SSLCs must support balancing preferences with healthier eating habits for residents by promoting the availability of more food options containing whole grains, low fat dairy, fruits, vegetables or protein as their main ingredients and lowering the overall intake of sugar, sodium and processed foods. Providing healthier food and drink options in vending machines will also help support healthier lifestyles for residents and staff. SSLCs will also expand its efforts to be more sustainable through additional agricultural efforts to support healthier food options, creating meaningful work experiences, and providing additional therapeutic opportunities.

Palliative Care and Hospice Services. When a resident nears the end of their life, quality of life should remain an essential component in upholding their right to end of life decisions. SSLCs will implement practices that expand the awareness and knowledge of palliative care and hospice services to further the accessibility for a resident or LAR to choose these supports.

Resident Input. Incorporating resident opinions and perspectives to inform how SSLCs do business is essential to improving services and quality care. Creating a forum for residents to be involved in sharing ideas can create meaningful change in the system from a key perspective. SSLC state office leadership will provide opportunities to meet with residents at least annually to solicit feedback and input to help drive what improvements need to be made. Local SSLC leadership will also provide opportunities to personally meet with residents on a regular basis to identify issues that are important to the residents and will be used for developing a foundation for additional discussions or actions at the local level.

Building and Facility Maintenance. Due to the age of most SSLCs, significant repair or modification is required to remove an institutionalized setting and create a more therapeutic environment for person-centered approaches and active treatment to provide optimal care and treatment. Based on the anticipated cost of those modifications, SSLCs are focused on making aesthetic changes and completing previously funded maintenance requests and projects that are considered critical or will become critical within the next one to four years. In the third quarter of fiscal year 2020, those items accounted for approximately $249 million in requests.[39] Approximately $176 million was appropriated by the 85th and 86th Legislature to help address the maintenance issues within SSLCs; however, additional needs remain.

There are approximately 44 SSLC buildings statewide that are not in use. Most of these buildings would require major renovations before being deemed useable due to deteriorated condition or non-compliance with the American with Disabilities Act or Life Safety Code.[40] Often the cost of bringing an old building up to code is prohibitive, most notably if the building has asbestos, lead-based paint, or deteriorated plumbing. Demolition may also be cost-prohibitive due to properly disposing of the hazardous materials and prioritizing other critical maintenance needs. SSLCs will assess the possibilities of utilizing these buildings for other purposes based on funding received for the 2023-24 biennium.

Video Surveillance System. For over ten years, SSLCs have been required to operate video surveillance equipment for the purpose of detecting and preventing the exploitation or abuse of residents as required by [§555.025](#) of the Texas Health and Safety Code.[41] SSLCs are currently using the original equipment installed when this provision was implemented. The approximate server life on this equipment is estimated at three years. With this equipment being over ten years old, failure is becoming increasingly problematic with generally no warning for equipment failure and, though HHSC is attempting to maintain the system, these failures pose a potential for incidents of abuse, neglect, or exploitation to go undetected. This surveillance system also allows for quicker response time during investigations of alleged abuse, neglect or exploitation of a resident. An updated video surveillance system creates additional safeguards as newer technology yields clearer imaging, wide range of view, and reduced failure.

Employee Services and Supports

HHSC recognizes the value of its employees and is making substantial efforts to promote a workplace culture that empowers and attracts people who are committed to improving the lives of Texans. These efforts are critical to reducing turnover and increasing fill rates, necessary to ensure the successful operations of SSLCs.

Outcomes for enhancing employee services that align with the agency's Employee Engagement Initiative[42] and recommendations developed for the management of overtime at SSLCs[43] include:

- Developing a positive workplace culture.
- Improving internal communications for staff at all levels and locations.
- Improving accessible professional development and learning opportunities.

Initiatives for Operational Innovation

The initiatives outlined below are intended to support the outcomes associated with enhancing employee services and translate to higher quality of care provided to residents. Initiatives identified build on existing and new efforts that will help further the vision of SSLCs.

Invest in Employee Relations. Investing in stronger employee relations will create long-term benefits for SSLCs and the care provided to residents. SSLCs will develop standardized practices that will focus on the retention of staff to create a workplace culture that is welcoming, inclusive, and fosters innovation. SSLCs will employ staff development and retention specialists to improve competency of staff through standardized on-the-job training, enhance communication between departments at each SSLC, and address programmatic issues to assist with resolving policy discrepancies or inequitable practices. More specifically, the staff development and retention specialist will: enhance staff competency, job satisfaction and workplace socialization to improve retention and succession planning; participate in hiring events and community activities as a SSLC ambassador; implement a robust onboarding process as a supplement to the standardized new employee orientation; develop professional working relationships with newly hired staff in order to foster their sense of belonging and connectedness; and evaluate the effectiveness of learning methods.

By investing in employee relations through the staff development and retention specialists, SSLCs will support recruitment and retention efforts to make working for an SSLC more marketable and sustainable, with a prepared workforce.

Strengthen Interdisciplinary Team Collaboration. SSLCs will provide strategies and training to families and staff involved in the interdisciplinary team process to ensure the best and most appropriate continuum of care for residents. SSLCs will also educate the interdisciplinary team on the importance of resident and family involvement in the decision-making process, as well as the importance of involving staff from all levels that interact with residents, including direct support professionals.

Resources for Staff Working with a Behaviorally Complex Population. As SSLCs continue to support a population that is younger with more behaviorally complex needs, new evidence-based approaches are necessary to address their needs. SSLCs will facilitate intensive training to staff aimed to provide strategies for successfully working with and managing this population. SSLCs will also expand evidence-based programming that results in an increase of positive outcomes for this population, including the ability to teach skills necessary for the management of behavior. Behavioral health professionals provide expertise in working with and managing the profound challenges displayed by residents. SSLCs will identify practices that streamline required paperwork and documentation to create additional opportunities to coach and mentor direct support professionals in working with and managing challenging resident behavior.

As with resident safety, staff safety and the reduction of exposure to workplace violence must be made a priority. From fiscal year 2018 to fiscal year 2019, staff injuries related to resident aggression increased by seven percent.[44] In addition to physical aggression, staff experience personal property destruction, particularly related to personal vehicle damage. Staff who are victims of personal property destruction by a resident are not covered under the Texas Tort Claims Act[45] and are often left to pay out of pocket for any expenses incurred.

Viable options must be created to ensure the mental and physical safety of staff, along with personal property. There are rare instances in which staff members may be victims of criminal acts by residents, particularly those who have been committed on a forensic commitment. SSLCs will enhance services and post-trauma responses provided to staff who become victims of workplace violence or are exposed to secondary trauma to support a trauma informed care systemic approach with staff and residents. SSLCs will contact the Office of the Attorney General to develop an education campaign for staff meeting eligibility for the Crime Victims' Compensation Program.[46] SSLCs will seek alternatives for staff parking and identify resources for staff to be able to lock their valuables up while at work.

Communication. Big organizational goals must be clearly articulated; however, communication is often the number one challenge contributing to a decrease in staff retention and morale. SSLCs will consistently work to improve communication throughout the various levels of leadership so staff are engaged and have knowledge of decisions being made that impact the expectations of staff. By improving communication, SSLCs will further connect to the core of improving the quality of life for the residents served.

- SSLCs host town hall meetings quarterly, at a minimum, that will focus on leadership visibility, center-specific topics of interest, policies, procedures, or regulations, or promoting collaboration and improving the work culture.

- A dedicated email, known as the "success" box, and text messaging service has been established to have direct communication with the associate commissioner. This line of communication provides access to important information sharing, as well as, the ability for staff to send comments, questions, inquiries, and suggestions that may be considered statewide.

- Each SSLC will have the option to host its own local text message service in which staff can sign up for and receive messages that are center-specific with timely responses from SSLC leadership emphasizing customer service and improving workplace culture.

- SSLCs are committed to engaging management staff at all levels within the organization. As management is engaged and involved in decision-making discussions, managers can effectively engage employees with a top-down commitment to improving culture. This type of engagement allows SSLC leadership to support communication and information sharing with a safe environment for constant feedback.

- Fostering teamwork, showing commitment, building relationships, and championing change are characteristics of an organizational culture of ownership. SSLCs will create a culture in which everyone must take ownership of the area they work in and is accountable for the overall success of SSLCs. This concept supports employees to take initiative, solve problems, and demonstrate leadership and is founded partially on the premise that culture does not change unless and until people change. However, people will not change unless they appreciate the personal benefits of making such changes, are given new strategies, and are inspired to use them.

  A positive workplace culture attracts talent, engages staff, and focuses on retention, impacts job satisfaction, and positively affects staff performance. SSLCs will consult with an external provider to develop a culture values program. This program is intended to influence widespread culture change by providing all SSLCs with concepts of a what a positive workplace culture is and taking initiative to impact workplace culture in a positive way using a cognitive-behavioral approach. Deliverables of this program include assessments before and after program implementation, leadership orientation workshop, interactive employee engagement activity, written reference material, and ongoing support throughout implementation.

- SSLCs will implement stay interviews for staff to identify top reasons they are choosing to remain employed with an SSLC. These interviews will be conducted outside of a person's chain of command through the staff retention specialists and designed to be non-threatening to solicit information about what drives or motivates them, what's working about their job, what aspects are frustrating, resources needed to make their job easier, how they are empowered in the workplace, and types of staff recognition that can be more meaningful. Information from the stay interviews will be shared routinely with local and state office leadership.

Redesign Training Program. Based on feedback received from staff, current training does not sufficiently meet their needs to be adequately trained prior to assuming the roles for which they are hired and subsequently fails to meet ongoing professional development needs.[47] By understanding the data on how adults process and learn information, SSLCs will work with HSCS Facility Support Services to redesign new hire and annual training provided to staff. This redesign will be inclusive of how training is scheduled and curriculum content. A comprehensive training program will incorporate all learning styles, be applicable to generational differences, provide a more realistic training environment, include relevant scenarios that provide critical thinking, and expose staff to services and residents earlier in the training process. SSLCs plan to develop an improved field training program to ensure staff are better prepared for the job and have access to ongoing coaching and mentoring in the development of their skills that complement the efforts of the staff development and retention specialist. Training for staff will align with the agency's mission, vision, principles, and policies to provide more

interactive, simulated coursework that better prepares staff for working with an SSLC resident population.

Management and Leadership Professional Development. Staff who are hired or promoted into a position of management or leadership should be adequately prepared both in expectation and skill development. Management and leadership training should be provided upon hire and on a consistent basis to develop and promote the necessary skills for effective management. SSLCS will seek to develop or identify a series of management and leadership development skills-based trainings that are accessible to all levels of supervisors. By enhancing the available leadership training within the agency or identifying adequate training that staff can attend on behalf of the agency, leadership can build competence in exhibiting positive change, making sound decisions, effective problem solving, succession planning, serving as a role model and managing healthy relationships.

In addition to structured learning opportunities, SSLCs will establish a formalized coaching and mentoring program to support the ongoing professional development of staff in leadership roles. Setting leaders up for success will ultimately impact all employees in which they directly supervise or have oversight of. The goal of this coaching and mentoring program is to provide guidance in SSLC operations, goal setting, facility culture, soft skills development, goal setting, and organizational expectations. This program will promote higher accountability and increased engagement by leadership.

Child Care. This initiative supports a recommendation made to reduce overtime.[48] Staff who work at an SSLC are required to work rotating shift work that may be non-traditional work hours. SSLC staff are also required to work overtime to meet the business needs and to be on-call or come into work with little to no advanced notice. For working parents, finding quality child care presents its own challenges, but finding care to cover non-traditional work schedules can be extraordinarily difficult and likely impacts an individual's ability to obtain or retain employment with an SSLC. A recent survey of staff[49] indicated:

- 58 percent need full-time child care.
- 82 percent have used personal leave within the last year due to lack of child care.
- 58 percent have had problems scheduling child care to match work schedule.
- 71 percent said their continued employment would be dependent on available child care.
- 95 percent would likely consider using child care offered by an SSLC.
- 71 percent said quality of care and safety are the top two qualities to consider when choosing a provider.

Child care services for state employees are authorized under Texas Government Code §§610.001-021, Texas Government Code §§663.001-113, and Texas Government Code §§2308.315-320. Additional statutory authority is recommended later in this report to support SSLCs developing a program that could offer onsite child care for staff working at an SSLC.

Health and Wellness. HHSC is committed to improving the health and wellness of its employees. There are several policies in place to support this initiative but creating a designated space where SSLC staff can exercise will provide benefits that improve morale, reduce stress, foster social comradery and team building between peers, and reduce overall absenteeism. SSLCs will also provide healthier drink and snack options for purchase. Working at an SSLC poses significant challenges for employees. Encouraging fitness would be one additional benefit for the recruitment and retention of staff.

In addition to physical health, SSLCs will also support the importance of emotional health and wellbeing. Leadership will work to create a positive and safe culture that promotes compassion under the stressful conditions and demands of working at an SSLC. Incorporating an ongoing awareness campaign that empowers staff to seek available resources when they may be struggling with common issues such as stress, anxiety, secondary trauma, or depression will improve resilience to stress, increase productivity, and reduce absenteeism. Strategies SSLCs implement that will promote positive emotional health may include weekly or monthly messaging targeting a specific struggle, posting or circulating relevant information, organizing e-learning or onsite presentations, addressing bullying behavior by other staff, and promote employee assistance program through various platforms.

Training Centers for Excellence. Succession planning within the SSLCs requires the agency to look beyond hiring staff with little or no experience and identify resources to grow staff from within that excel in knowledge and skill. SSLCs will work with local community colleges and universities to support the Texas Internship Challenge[50] and establish dedicated preceptor and intern programs across disciplines that empower new graduates and newly hired staff to become competent and valuable members of the SSLC workforce. This can also be expanded to select high schools that prepare students for a career in social services. Benefits may include access to a larger pool of talent, expand community awareness of SSLCs and the services provided, and the ability to instill SSLC culture and values early on in a person's career.[51] These experiential programs will help with recruitment, retention, resident services, current workforce challenges, and build leaders from within.

Staff Councils. Each SSLC will develop a staff council to be an advocate for change and empowering staff to take ownership in the impact of decisions being made. Staff councils will also provide opportunities to work directly with SSLC leadership for responsive local solutions to adapt to changing needs, which may be location specific. Staff councils will focus on functional areas to improve efficiencies in the areas of operations, morale, staff appreciation, and others as designated by local need. Staff councils will improve workplace culture, enhance communication, increase sense of community, and create opportunities for providing better resident care.

Alternative Scheduling. As the demographics of our employees change to better support balancing work with home life, SSLCs should address employee needs to foster greater satisfaction and retention. SSLCs will implement alternative scheduling across disciplines that address shift patterns, off days, reduction in overtime, and telework, when appropriate.

Salary. SSLCs face difficult competition for staff (for example, food service workers can make much more in a private healthcare facility, or even a fast food restaurant, where expectations and requirements may be less challenging). We have also had difficulty when facilities increase direct care pay, as team members in facility support positions, such as laundry, are enticed to move into direct care for higher pay. As noted in the most recent SSLC staff turnover report, pay continues to be the weakest score for SSLCs in the Survey of Employee Engagement. Low scores in this category suggest compensation is not appropriately set to work demands, experience and ability. Additionally, low scores suggest pay is a primary reason for discontent, which can directly lead to high turnover in the system. Non-competitive pay impacts the system as a whole – staff report needing overtime, using public assistance or working multiple jobs to provide for their families. These factors add additional stress and may lead to burnout for staff members who are already working in a very challenging and stressful environment.

According to an analysis conducted by SSLC staff, several recommendations[52] related to staff salary could support retention, including:

- Revise salary policy to match skill set and experience.
- Extend market rate pay raises to SSLC direct care staff that didn't receive raises during the 86th Legislature.
- Offer a higher pay increase when employees promote to a higher pay grade.
- Implement career ladders and compensation plans for direct care staff.
- Employ full time float staff.

SSLCs seek to decrease the number of employees who report working overtime or multiple jobs to support their families. So, in addition to the recommendations above, SSLCs will establish market rates for several salary classifications, particularly A15 and below, to compensate employees with a more appropriate (or competitive) wage.

The annual consumer price index (CPI) measures the average change over time in the prices paid by consumers that impact the cost of living, such as utilities, fuel, and food.[53] In 2019, the CPI rose by 2.3 percent, and over the last ten years, the index rose at a 1.8 percent average annual rate.[54] The last pay increase for SSLC staff as a whole, in 2018, increased pay by 1.9 percent. While the cost of living varies greatly from city to city, having the ability to pay staff a competitive wage supports SSLCs desire to improve workplace culture, boost morale, improve retention, and exemplify that all staff are valued and appreciated.

Commuter Incentive Program. SSLCs are primarily located in areas that staff often commute to work. Staff indicated that providing transportation benefits will boost employee morale, decrease the number of staff call-ins, and serve as an incentive for recruitment and retention.[55] SSLCs will develop a commuter incentive program that will target carpooling, ridesharing, and mass transportation options for staff.

Education Campaign for Student Loan Forgiveness Programs. Many staff employed by an SSLC are burdened by having student loan debt which may impact their desire to stay employed with an SSLC. SSLCs will develop an education campaign to inform staff on the Public Service Loan Forgiveness program, applicable to state employees. Student loan forgiveness programs are also available to certain disciplines such as nursing, physicians, dentists and mental health professionals. All programs require individuals to meet specific eligibility requirements, but staff may be unfamiliar that these programs exist. The goal of this education campaign will be to lessen the burden of student loan debt, support an employee's desire for obtaining or continuing their higher education, and utilize these programs as an incentive for the recruitment and retention of staff.

Community-Based Services and Supports

HHSC's vision and mission is making a difference in the lives of people the agency serves by improving the health, safety and well-being of Texans with good stewardship of public resources. Enhancing community-based services and supports provided by or supported through the SSLCs will maximize resources at SSLCs and align with this vision and mission and promote independence and positive outcomes for people with IDD.

Tactical outcomes for enhancing community-based services that would support people with IDD to be more independent and participate in activities within the community include:

- Increasing available services not otherwise provided or currently lacking within the community for people with IDD.
- Reducing wait times for people with IDD to receive services.
- Expanding networking and resource opportunities for people with IDD and their families and guardians.

Interagency Collaboration

Various efforts within HHS are being made to develop plans that provide a holistic approach to meeting the needs of Texans with IDD across systems. The plans will provide a more exhaustive list of objectives and initiatives that will benefit or expand community-based services as a whole. At a minimum, these include:

- Statewide IDD Strategic Plan;
- HHSC Disability Action Plan;
- HHS Rider 20 related to the expansion of community-based services;
- HHS Rider 42 related to Medicaid waiver program interest list study; and
- HHS Rider 157 related to community attendant workforce development strategies.

All these plans will be unique in nature but support the independence of people with IDD through additional supports and services. The community-based service initiatives included in this report are intended to complement recommendations made in these various plans and not replace them.

Initiatives for Operational Innovation

The initiatives outlined below are intended to support the outcomes associated with enhancing community-based services and supports throughout Texas. A significant factor in the ability for a person with IDD to remain in the community is the availability of resources.

Step-Down Units from State Hospitals. The investment that has been made by the Legislature for redesigning the state hospital system calls for not only rebuilding the hospital infrastructure but also identifying opportunities to improve and enhance the continuum of care for individuals with severe and persistent mental illness. A significant focus of the work related to the continuum of care has been to address issues impacting patients' length of stay in the state hospitals. While there are currently community-based resources already in place, there are still many state hospital patients for whom an appropriate residential placement is a barrier to discharge. As of the end of the second quarter of fiscal year 2020, at least 52 individuals under civil or voluntary commitments were identified as being potentially appropriate for discharge if they had the necessary supports in the community.

With additional resources, SSLCs could repurpose building space to offer a transitional step-down unit from state hospitals. These units would be designed for people that are psychiatrically stable and exhibit a sense of independence, but still need supports and supervised services before fully transitioning back to the community. A residential transitional step-down unit would support the continuum of care and provide services based on collaborative efforts from the interdisciplinary teams of both state hospitals and SSLCs, in addition to community partners such as the local mental health authorities and LIDDAs, during the transitional period.

Select space could also be used for step-down beds specifically for the older population that would have specialized services and supports to enhance the continuum of care for meeting their unique needs. As of September 2019, 29.3 percent of the state hospital population was over the age of 50, with the average age of those patients being 60.5 years and the average length of stay being over three years.[56] Identifying appropriate step-down facilities can help with meeting the long-term needs of older adults to be successfully integrated back into the community.

Day Programming and Supports. SSLC-operated day programming and supports would provide services to people with IDD in the community with assistance in promoting independence and living skills. These services would be made available to people who have exhibited the ability to function independently but may require routine or occasional support in life, social, or occupational skill development. Day programming could also include behavior supports and interventions. The program would be operated five days a week during normal business hours, with an emergency on-call service available. Services provided may include telemedicine, telepsychiatry, dental services, interactive mobile health platforms, job coaching, and occupational, physical and speech therapies. Alternatives to providing these services on campus may be contracting for space with community partners but staffed, in part, by SSLC staff to create a more integrated setting for people with IDD.

Crisis Intervention and Respite Services. Crisis intervention and respite services are needed for short-term stays by people who are capable of living in the community but need immediate programming or services in crisis situations. They are typically not suitable for jail, local hospitals, or state hospital stays; however, the SSLCs may be able to accommodate this need, with additional resources. The purpose of these services would be to provide a safe environment for people who need to be redirected to more supportive means and stabilize before they are returned to the community. Based on feedback received from LIDDAs, urban areas within the state appear to be meeting the needs for crisis intervention and respite services, but rural areas may be lacking.[57] LIDDAs also indicated that additional resources and supports are needed for working with people with behavioral challenges.[58] SSLCs will work with the HHSC IDD and Behavioral Health Services department, other HHSC partners, Texas Council of Community Centers, and service providers to assess regional areas that may benefit from a structured program utilizing SSLC space that builds off the funding provided to HHSC in the 85th and 86th Legislature. Services would be limited to no more than 30 days before returning to the community and would also provide needed support for families in an inclusive environment to fully support the person in need of crisis interventions. Additionally, SSLCs will work collaboratively with LIDDAs to share best practices and resources to serve and support people with high behavior needs.

Adaptive Equipment Services. SSLCs can fabricate a variety of adaptive equipment for residents at several facilities across the state that support their ability to perform daily activities. This adaptive equipment can be life enhancing for many people with IDD and can assist them in the areas of orientation and mobility, positioning, communication, and dietary or texture food services. Adaptive equipment is often expensive, and some families lack the resources to provide this equipment for their loved ones. SSLCs can expand existing resources to produce adaptive equipment for people with IDD within the community at a low cost. Aids such as wheelchairs, positioning devices, feeding tools, and communication devices can be made at an SSLC to foster independence and quality of life for people with IDD.

Transitional Care. SSLCs will develop an education program that emphasizes engaging people with IDD and the importance of continued care and acute care services, with the goal of expanding service provider expertise, quality, and capacity for people transitioning to the community. As people transition from an SSLC back to the community, high-quality care is especially important for people who have been diagnosed with chronic medical, intellectual, or behavioral challenges and are vulnerable to being unable to identify providers who can provide the level of care desired or needed. SSLC staff familiar with a former resident's history and needs can also assist with environmental assessments and coaching toward approaches that were successful in an SSLC environment. Transitional care will also support strategies and resources for people who experience an emotional loss from transitioning back to the community to help work through the natural feelings of separation. The goal of this initiative is to increase needs being met, satisfaction with care, positive events and experiences with provider care, and successful transitions back to the community.

Maximize Current Resources

With the decline in population over the last ten years, SSLCs evaluated existing infrastructure to identify ways that better maximize resources and expand social services that meet the needs of people not currently served by an SSLC. Tactical outcomes for maximizing current resources include:

- Increasing available resources for people needing access to health and human services.

- Creating collaborative efforts for other divisions within HHS, other state agencies, or community partners to be housed onsite in areas where space may be needed.

- Expanding services provided to people with a traumatic brain injury.

Initiatives for Operational Innovation

The initiatives outlined below are intended to support the expansion of service delivery by the health and human services system that may move beyond serving people with IDD.

Lease Office Space. Select SSLCs could work with other state agencies and community partners to provide office space on facility grounds. Supporting partnerships with entities and organizations that are within the scope of a continuum of care for people with IDD and are mission-specific will be a priority to enhance existing relationships and accessibility to services. Creating opportunities for accessible health and human services in a common space will further the delivery of services.

Lease Programming Space. SSLCs will work with community partners to make space available for programming that could be provided to SSLC residents and people within IDD in the community. The purpose of this service would be to enhance skills necessary to become more independent and create opportunities to further explore a person's interests. Community partners may provide programming and instruction in fine arts, performing arts, gardening, or other areas that directly benefit people with IDD.

IDD Education and Awareness. SSLCs will participate with other HHSC partners in the continued efforts to educate law enforcement, prosecutors, judges and local hospitals around the state on IDD and provide them with evidence-informed and evidence-based strategies for working with this population. The goal is for people with IDD to receive proper services and an ultimate diversion from jail, local hospitals, or state hospitals, when appropriate. This initiative also aims to provide officials at the state and local level with information that would strengthen their relationship with the community, decrease reactionary responses when interacting with people with IDD, and exhibit cross-discipline collaboration in meeting the needs of an increasing demographic.

The experience staff gain while working at an SSLC creates a foundation for them to become experts and technical authorities in their field. The initiative will include educational opportunities provided by SSLCs, in partnership with community colleges and universities, to provide low-cost training to professionals across the state working with people with IDD. These training opportunities can further the knowledge of working with people with IDD, while reducing myths, fears, and stigmas. This initiative would also enhance collaborative efforts and exposure across the IDD system, helping professionals achieve a greater understanding of IDD and serving people with IDD.

Services for People with Traumatic Brain Injuries. People who have sustained a non-birth related traumatic brain injury (TBI) that has resulted in moderate to severe changes in their behavior do not have a clear system for the delivery of long-term care services. People with TBI may also struggle with insufficient insurance coverage for programs and services aimed at both short- and long-term rehabilitation. Currently, services for TBI clients may be provided by entities like state hospitals, which are not the most appropriate setting for the sustainable rehabilitative care needed by this population. Using the Traumatic Brain Injury Model System[59] or other evidence-based approach, SSLCs could assist stakeholders, including other HHSC partners such as the Comprehensive Rehabilitation Services Program and Office of Acquired Brain Injury, service providers, advocacy organizations, Texas Brain Injury Advisory Council, Texas Brain Injury Alliance, and health related institutions of higher education that focus on the research and care for people with a TBI to develop a program, outside of an SSLC, that provides a multidisciplinary system of care designed to meet the needs of people with TBI including comprehensive rehabilitation services, long-term interdisciplinary follow-up, and outpatient rehabilitation services. The development of any such program would be contingent on funding made available to the lead agency or organization. The goal of providing TBI services would be to provide the continuum of care needed to improve health and function, social integration, employment and independent living outcomes. A program that would divert this population from potential involvement in the criminal or juvenile justice system is fundamental in the overall rehabilitation for any person with TBI.

4. Implementation and Sustainability

Success and sustainability of the objectives outlined in this report is determined by an SSLC's ability to implement them. Identifying and supporting adequate resources are a critical factor in quantifying the long-term success. If dedicated resources are available, initiatives would be implemented on a tiered priority-level and may vary by location.

Working toward SSLC strengths, the agency would identify and allocate resources where they will do the most good. This may mean current initiatives or programs are discontinued so resources could be diverted to the initiatives detailed above – to better serve and support people with IDD. Inclusion of stakeholder input and the expansion of and diversifying community partnerships for long-term maintenance is essential. Accountability measures will be implemented for achieving outcomes.

Fiscal Implications

SSLCs are a Medicaid-funded federal and state service. Approximately 58 percent of the operating funds for SSLCs are received from the federal government and 42 percent are provided through State General Revenue or other revenue sources.[60] Appropriations may be needed to achieve recommended initiatives.

Although recent increases in funding have improved access to community-based services, the needs of the population have exceeded available funding. Appropriate allocation of resources for SSLCs, HHSC partners, other state supports, and the community are needed so services are available for people with IDD. For initiatives included in Community-Based Services and Supports, additional funding would be needed to ensure accessibility.

The following initiatives will need to be considered as funding becomes available. In some cases, specific funding requests for select initiatives may be included as exceptional items in future HHSC Legislative Appropriations Requests.

- Achieving Balance Program
- Patient Portal System
- Fleet Vehicles
- Video Surveillance System
- Child Care
- Facility Maintenance
- Salaries
- Step-Down Units from State Hospitals

Additionally, higher funding allocations are needed for people with specialized needs such as profound behavioral challenges that are transitioning from an SSLC to the community, are in the community but need specialized supports, or are in the community and in need of crisis intervention or respite services. Providing higher funding allocations for specialized services may prevent additional admissions to an SSLC. SSLCs support the formal recommendations of the home and community-based services reform workgroup that are addressing this current funding challenge.

Recommendations for Statutory Changes

SSLCs are committed to working with the Office of the Governor and the 87th Texas Legislature to explore ways to enhance programs and services provided to people with IDD. In accordance with Texas Health and Safety Code §533A.032, SSLCs make the following recommendations for statutory changes to help operate more efficiently and support the goals of this report. These statutory changes are not be contingent on receiving additional funding.

- Authorize the SSLCs to reimburse employees for damages to their vehicles caused by residents, as resources allow.

- Facilitate transfer of residents from one SSLC setting to another to access enhanced services.

- Authorize SSLCs to lease space on campus to child care providers.

5. Capacity

An SSLC has not closed since 1996 and over the last ten years, the statewide census at SSLCs has declined by 31 percent.[61] (See Table 2 on page A-2.) Much of the decline occurred from fiscal year 2010 to fiscal year 2015 but has steadily tapered to an annual average of only two percent since. This leveling of the census is attributed primarily to the ability for an SSLC to provide services for complex behavior and medical challenges that are unavailable in some preferred communities. Other factors also include an increase in guardianship in which guardians choose an SSLC over community placement, and an aging population with a longer life expectancy.

Population Projections and Methodology

Based on existing data, future population trends of SSLCs are expected to see a minimal decline statewide as identified in Figure 1 below. SSLC population projections are generated using a cohort-component methodology with admission, separation, and length of stay trends used as primary variables. (see Table 9 on page A-9 and Table 10 on page A-10.) These calculations assume the population is driven by demographic factors. This projection does not consider enhancements to community-based services and supports that may support community transitions.

Figure 1: SSLC Population Projection, FY 2020 through FY 2026
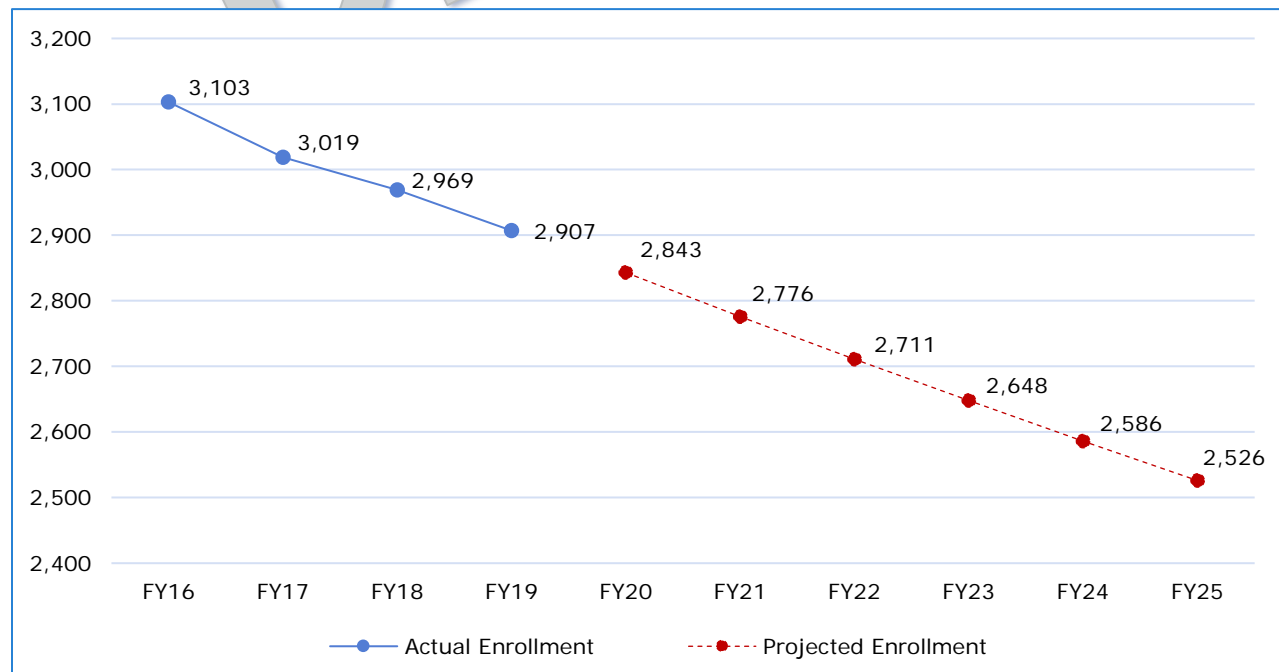
Factors Affecting Population Projections

The associated confidence level with the population projection calculations are dependent on the:

- Admission, separation, and length of stay variables identified in the methodology section;
- Fluctuation in average age at time of admission;
- Variation in commitment type;
- Appropriation of continued funding;
- Number of people diagnosed with IDD; and
- Expansion and availability of quality community-based services and supports.

Repurposing and Shared Space Ventures

This report outlines initiatives that maximize current resources and provide alternatives for repurposing or sharing space within an SSLC. Services provided at an SSLC in a supportive environment that extends to people in the community will lead to increased availability of services and may divert additional admissions to SSLCs. Options explored in the *Community-Based Services and Supports* and *Maximize Current Resources* sections include:

- Step-Down Units from State Hospitals
- Day Programming and Supports
- Crisis Intervention and Respite Services
- Adaptive Equipment Services
- Transitional Care
- Lease Office Space
- Lease Programming Space

These initiatives build on existing and new efforts that will help further the vision of HHSC and were developed in collaboration with stakeholder input received from service providers, advocates, statewide IDD-specific advisory councils and workgroups, and other HHS partners.

In some instances, additional efforts need to be made with stakeholders on whether targeted services and supports will be operated by SSLCs, or simply supported by SSLCs using existing resources such as facility infrastructure and maintenance, when other options exist. These efforts may ultimately determine how these initiatives are funded.

Evaluating Continued Operations

Stakeholder input from service providers, advisory groups, advocacy groups and home and community-based services advocates contemplate the need for continued SSLC existence or the feasibility of keeping all SSLCs operational; targeting census decline, operating costs and the need to strengthen and build community-based services as the primary reasons.[62] SSLCs support creating more robust home and community-based services and acknowledge that unless adequate services and supports are in place within the community, SSLCs remain the most appropriate living option for some people.

Notwithstanding other constraints, meeting the demands for services across the State proves to be challenging simply by geography. Focusing on maximizing resources and existing infrastructure is pivotal to safeguarding limited resources. This strategy allows the State to reduce the overall footprint of SSLCs, while expanding community-based services. There is no arbitrary number of residents to determine if an SSLC should continue operations, but considering formative facts are fundamental to the needs assessment. Those include:

- Community services and supports must be in place prior to the transition of any SSLC resident to safeguard their physical, mental and emotional safety.

- Optimizing current available space to expand services provided to people with IDD in the community will broaden the full continuum of care.

- SSLCs can work with LIDDAs and local mental health authorities to serve as a conduit for providing services regionally to ensure community services and supports are available that are closer to home with access to family supports.

- Expanding resources within SSLC property will increase the likelihood of attracting and retaining employees with talent and expertise necessary to work with people with IDD, including residents and non-residents.

A decision to close an SSLC is a serious one that requires thoughtful planning and careful consultation with all affected stakeholders. A thorough and exhaustive closure plan must be developed and vetted with stakeholders to ensure residents, family members, employees, service providers and the communities where the SSLC resides are all treated with compassion and respect. If closing one or more SSLCs is contemplated, minimum areas of considerations may include:

- Expanding capacity of community-based services and supports, including specialty services, before individuals transition that are safe, outcome driven and implement evidence-based practices;

- Geography and availability of services;

- Impact to the community and available resources to foster economic regrowth;

- Operational cost based on the number of residents served;

- Impact to other SSLCs; and

- Financial impact to state assets.

As with any decision that impacts people's livelihood, proceeding with closure must be in a deliberate manner, making sure Texas puts residents, families and employees first above any capital. The ultimate decision should not be about community services versus SSLCs, but rather the interest of people with IDD and the ability to provide them with the necessary services and supports to live in the setting of their choice and as independently as possible.

6. Conclusion

HHSC has the responsibility to ensure all people with IDD are receiving the services they need, in the environment of their choice. In the evolution of every business model there remains an abundance of opportunities for improvement, SSLCs and community-based IDD services are no exception. As we envision the future of and maximizing resources within SSLCs, we must also consider the broader spectrum for a full continuum of care for any Texan with IDD and focus on services and supports that thrive.

In a time when decisions are driven by best practices and data, SSLCs will focus on making changes that improve the overall quality of life of people with IDD and quality of care of SSLC residents. Initiatives that support the expansion of community-based services mirror a philosophy of one continuum of care by creating a vision for an alliance inclusive of SSLCs, service providers, advocates and disciplines across the state that serve or champion for the IDD community. This alliance will devise progressive ways of improving services and processes. Ongoing collaboration between service areas amongst HHS partners must also be a focal point to ensure the agency is supporting Texans with IDD in the most efficient and fiduciary responsible manner.

Our great state is filled with many passionate people fighting for the rights and values of how we serve people with IDD which creates a pathway to bridge the gaps and become a catalyst for innovative practices.

List of Acronyms

Below is a list of all acronyms that appear in this report.

Acronym	Full Name
CFR	Code of Federal Regulations
CPI	Consumer Price Index
FY	Fiscal Year
HHSC	Texas Health and Human Services Commission
HIPAA	Health Insurance Portability and Accountability Act
IDD	Intellectual and Developmental Disability
IQ	Intelligent Quotient
LAR	Legally Authorized Representative
LIDDA	Local Intellectual and Developmental Disability Authority
PIDA	Persons with an Intellectual Disability Act
SSLC	State Supported Living Center
SUR®	Safe Use of Restraint
TBI	Traumatic Brain Injury

Appendix A. Demographics

Table 1: Total Enrollment by Type by Facility, FY 2019 (as of August 31, 2019)

SSLC	PIDA	Adult Criminal Code	Adult Originally Chapter 55	Juvenile Chapter 55	Emergency	Voluntary
Abilene	226	0	0	0	0	37
Austin	152	1	0	0	0	26
Brenham	165	0	0	0	0	83
Corpus Christi	180	8	0	0	0	0
Denton	360	5	0	0	0	83
El Paso	87	0	0	0	0	8
Lubbock	168	3	1	0	0	16
Lufkin	279	1	0	0	0	0
Mexia	100	95	31	17	0	3
Richmond	272	1	1	0	0	41
Rio Grande	62	0	0	0	0	0
San Angelo	169	17	1	1	0	3
San Antonio	180	2	0	0	0	24
Statewide	**2,400**	**133**	**34**	**18**	**0**	**324**
Percent	**82%**	**5%**	**1%**	**<1%**	**0%**	**11%**

Table 2: Total Enrollment, FY 2010 through FY 2019

SSLC	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016	FY 2017	FY 2018	FY 2019
Abilene	454	442	412	386	356	321	293	282	269	264
Austin	377	355	328	288	266	192	184	180	177	178
Brenham	340	315	298	288	283	279	264	259	254	249
Corpus Christi	292	274	258	242	224	221	220	208	205	194
Denton	545	519	494	484	460	458	458	447	449	447
El Paso	136	131	124	116	110	106	107	95	94	95
Lubbock	230	225	214	209	203	201	191	185	184	182
Lufkin	405	377	361	342	322	308	295	298	289	284
Mexia	417	390	372	331	288	256	256	246	240	227
Richmond	407	378	352	339	335	330	328	319	321	320
Rio Grande	72	71	70	62	67	71	61	60	62	61
San Angelo	251	239	229	210	208	214	217	213	202	191
San Antonio	281	278	275	250	240	229	229	227	223	215
Statewide	4,207	3,994	3,787	3,547	3,362	3,186	3,103	3,019	2,969	2,907

Table 3: Age, FY 2019 (as of August 31, 2019)

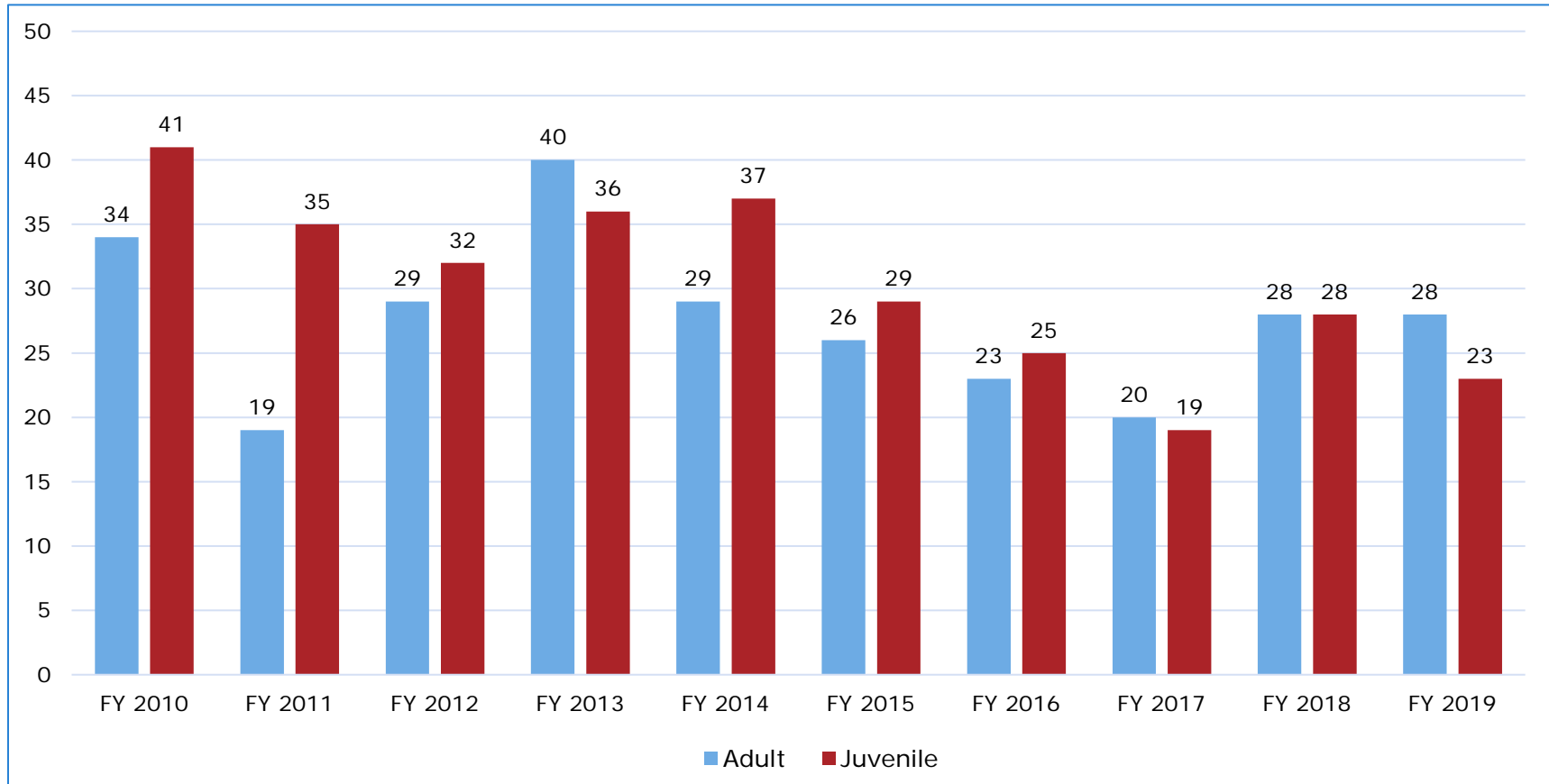| SSLC	Age 0-17	Age 18-21	Age 22-34	Age 35-44	Age 45-54	Age 55-64	Age 65-75	Age 76+
Abilene	6	6	23	38	61	70	44	15
Austin	0	0	12	19	21	65	49	13
Brenham	14	16	28	29	77	62	19	3
Corpus Christi	0	0	30	27	36	65	28	2
Denton	0	11	53	51	75	165	85	8
El Paso	0	4	19	17	20	18	15	2
Lubbock	0	5	45	32	34	48	21	3
Lufkin	11	14	35	26	51	93	39	11
Mexia	24	21	107	30	24	21	14	5
Richmond	0	5	51	28	75	97	53	6
Rio Grande	0	4	18	12	16	11	1	1
San Angelo	3	9	56	49	27	15	23	9
San Antonio	0	3	44	28	56	48	19	8
Statewide	**58**	**98**	**521**	**386**	**573**	**778**	**410**	**86**
Percent	**2%**	**3%**	**18%**	**13%**	**20%**	**27%**	**14%**	**3%**

Table 4: Levels of Intellectual Disabilities, FY 2019 (as of August 31, 2019)

SSLC	Borderline	Mild	Moderate	Severe	Profound	Un-specified	Not Indicated
Abilene	0	29	43	49	141	1	0
Austin	0	12	27	40	100	0	0
Brenham	0	20	56	41	130	1	0
Corpus Christi	0	45	27	26	90	0	0
Denton	0	57	75	81	232	0	3
El Paso	0	12	15	16	52	0	0
Lubbock	0	38	25	27	97	0	1
Lufkin	0	24	38	54	164	0	0
Mexia	1	132	74	12	27	0	0
Richmond	0	42	41	56	176	0	0
Rio Grande	0	11	18	21	13	0	0
San Angelo	0	116	42	14	18	0	1
San Antonio	0	32	37	39	97	0	1
Statewide	**1**	**570**	**518**	**476**	**1,337**	**2**	**6**
Percent	**0%**	**20%**	**18%**	**16%**	**46%**	**0%**	**0%**

Table 5: Behavior Management Levels, FY 2019 (as of August 31, 2019)

SSLC	None	Mild	Moderate	Severe	Profound	Not Indicated
Abilene	89	69	90	14	1	0
Austin	65	51	43	17	3	0
Brenham	86	58	73	30	1	0
Corpus Christi	74	49	57	8	0	0
Denton	154	57	211	24	0	2
El Paso	32	26	29	6	1	1
Lubbock	51	41	71	18	5	2
Lufkin	95	64	83	26	10	2
Mexia	15	97	95	27	6	6
Richmond	119	86	96	14	0	0
Rio Grande	6	28	23	0	2	4
San Angelo	11	51	78	29	21	1
San Antonio	69	55	47	29	5	1
Statewide	**866**	**732**	**996**	**242**	**55**	**19**
Percent	**30%**	**25%**	**34%**	**8%**	**2%**	**1%**

Figure 2: Alleged Offender Admissions, FY 2010 through FY 2019

Figure 2: Alleged Offender Admissions, FY 2010 through FY 2019. Grouped bar chart comparing Adult (blue) and Juvenile (red) admissions by fiscal year.

Fiscal Year	Adult	Juvenile
FY 2010	34	41
FY 2011	19	35
FY 2012	29	32
FY 2013	40	36
FY 2014	29	37
FY 2015	26	29
FY 2016	23	25
FY 2017	20	19
FY 2018	28	28
FY 2019	28	23

Table 6: Alleged Offender Admissions, FY 2010 through FY 2019

SSLC	Adult Criminal Code	Juvenile Chapter 55	Total Alleged Offender	Total Enrollment	Percent of Population
FY 2010	34	41	75	4,337	**1.72%**
FY 2011	19	35	54	4,072	**1.32%**
FY 2012	29	32	61	3,881	**1.57%**
FY 2013	40	34	74	3,649	**2.02%**
FY 2014	29	37	66	3,439	**1.91%**
FY 2015	27	28	55	3,241	**1.69%**
FY 2016	20	25	45	3,124	**1.44%**
FY 2017	20	19	39	3,026	**1.28%**
FY 2018	28	27	55	2,964	**1.85%**
FY 2019	28	23	51	2,907	**1.75%**

Table 7: Health Status, FY 2019 (as of August 31, 2019)

SSLC	No Major Problems	Mild	Moderate	Severe	Not Indicated
Abilene	29	60	147	27	0
Austin	11	61	85	22	0
Brenham	68	95	70	15	0
Corpus Christi	28	51	92	17	0
Denton	9	206	183	48	2
El Paso	18	43	30	3	1
Lubbock	42	70	58	16	2
Lufkin	45	83	126	24	2
Mexia	74	117	42	7	6
Richmond	34	109	156	16	0
Rio Grande	12	35	11	1	4
San Angelo	65	64	51	10	1
San Antonio	51	75	73	6	1
Statewide	**486**	**1,069**	**1,124**	**212**	**19**
Percent	**17%**	**37%**	**39%**	**7%**	**1%**

Table 8: Enrollment by Co-Occurring Diagnosis of IDD and at Least One Mental Health Disorder

Fiscal Year	Percent of Population
FY 2014	61.3%
FY 2015	61.4%
FY 2016	61.6%
FY 2017	58.40%
FY 2018	57.29%
FY 2019	56.46%
FY 2020[1]	56.18%

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[1] As of January 31, 2020.

Table 9: Length of Stay, FY 2019 (as of August 31, 2019)

SSLC	0-1 Year	13 Months– 5 Years	6-10 Years	11-15 Years	More Than 15 Years
Abilene	4	24	21	27	187
Austin	12	8	2	9	148
Brenham	10	47	23	19	149
Corpus Christi	2	32	9	23	122
Denton	21	84	25	28	290
El Paso	3	16	10	56	95
Lubbock	16	36	15	8	113
Lufkin	5	46	20	22	187
Mexia	50	107	37	10	42
Richmond	11	58	23	29	194
Rio Grande	8	24	6	7	18
San Angelo	14	65	27	27	58
San Antonio	4	49	16	16	121
Statewide	**160**	**596**	**234**	**235**	**1,685**
Percent	**5%**	**20%**	**8%**	**8%**	**58%**

Table 10: Separations, FY 2010 through FY 2019

Fiscal Year	New Admissions	Transition Returns	Total Separations	Community Transitions	Deaths	Discharges
FY 2010	162	8	504	330	140	34
FY 2011	129	3	344	204	112	28
FY 2012	128	5	340	207	96	37
FY 2013	166	16	422	287	93	42
FY 2014	187	9	381	261	86	34
FY 2015	177	9	362	233	97	32
FY 2016	160	10	253	126	99	28
FY 2017	139	6	229	109	88	32
FY 2018	149	5	204	84	87	33
FY 2019	129	5	193	80	84	29

Appendix B. Referrals and Transitions to the Community

Table 11 : Community Transitions, FY 2010 through FY 2019

SSLC	Community Transitions	Total Enrollment	Percent of Population
FY 2010	330	4,207	**7.84%**
FY 2011	204	3,994	**5.11%**
FY 2012	207	3,787	**5.47%**
FY 2013	287	3,547	**8.09%**
FY 2014	261	3,362	**7.76%**
FY 2015	233	3,186	**7.31%**
FY 2016	126	3,103	**4.06%**
FY 2017	109	3,019	**3.61%**
FY 2018	84	2,969	**2.83%**
FY 2019	80	2,907	**2.75%**

Table 12: Obstacles to Referral, FY 2019

Obstacles to Referral	
LAR Choice	43.40%
Behavioral Health/Psychiatric Needs	21.19%
Medical Issues	16.72%
Individual Choice	15.78%
Funding	1.66%
Evaluation Period (Chapter 55/46b commitments only)	0.68%
Court Will Not Allow Placement (Chapter 55/46b)	0.57%

Table 13: LAR Choice for Not Referring, FY 2019

LAR Choice for Not Referring	
Provided information, LAR not interested in alternate placement	68.88%
LAR not interested in alternate placement information	13.53%
Unsuccessful prior community placement(s)	9.18%
Mistrust of providers	5.54%
Lack of understanding of community living options	2.88%

Table 14: Obstacles to Transition, FY 2019

Obstacles to Transition	
Limited Residential Opportunities in Preferred Area	30.04%
Environmental Modifications	11.36%
Specialized Medical Supports	10.99%
Individual/LAR Indecision Regarding Provider Selection	10.26%
Behavioral Supports	9.89%
Specialized Therapy Supports	7.33%
Scheduling (For Referrals <200 days)	4.03%
Provider delay in opening home	2.56%
Employment/Supported Employment	2.20%
Transportation Modifications	2.20%
Illness during transition period	1.83%
Criminal Court Issues	1.47%
Medicaid/SSI Funding	1.47%
Provider closed home; search for new provider	1.47%
Specialized MH Supports	1.47%
LAR reluctance to choose a provider	0.73%
Services/Support for Forensic Needs	0.73%

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[22] Statistical information obtained through the SSLC internal reporting dashboard.

[23] Statistical information obtained through the SSLC internal reporting dashboard.

[24] SSLC stakeholder meetings (families of residents), October 2020.

[25] Mayeaux, Ginger. The Arc of Texas: State Supported Living Center Long Range Plan Comments. December 15, 2019.

[26] SSLC stakeholder meetings (residents), January 2020.

[27] SSLC stakeholder meetings (families of residents), October 2019.

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